# The Medical Times and Register.

Vol. XXXVIII No. 4.

PHILADELPHIA AND BOSTON, APRIL, 1900.

WHOLE No. 992

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A REVIEW OF POTENCE AND IMPOTENCE. PHYSIOLOGY, PATHOLOGY
AND OTHER EMBARRASSMENTS OF THE PRO-CREATIVE POWERS.
A REVIEW OF APHRODISICAS OF THE PAST AND PRESENT.
SEXUAL HYGIENE IN MARRIED AND SINGLE LIFE, Etc.,
Etc. "FECONDITE" (ZOLA) AND THE "KREUTZER
SONATA" (TOLSTOY).

BY JOHN J. CALDWELL, M. D., BALTIMORE, MD,

Boeckel and Kobelt say that the erectile tissue is confined to the genital apparatus of the male and female, externally and internally; but Rouget considers as erectile every organ in which arterial or venous plexes are submitted to the action of smooth muscular fibre. Hence he finds erectile tissues in the walls of the vagina, in the uterus, in the substance of the broad ligaments, in the wing of the ovary and also in the iris.

The vessels which carry blood in every direction over the body, viz: the arteries, veins and capillaries, are membranous tubes of variable size and form, possessed of an extraordinary amount of elasticity and contractility.

These qualities vary greatly with the size and arrangement, quantity and quality of the tissue of which they are composed. Thus in the meningeal cap-

illaries, composed simply of spindleshaped or polygonal cells, fitted together so as to form the finest of cellular membrane, we observe quite active vital contractility, which in the larger ones, and in the arteries and veins, by the interposition of elastic connective and muscular tissue in their walls, reaches a degree of elasticity and contractility which intimately corresponds with the necessities of their function in different regions of the body.

#### VASCULAR TISSUES.

The finest cap llaries are composed of a delicate membrane, which is perfectly transparent and apparently structureless until treated with a solution of nitrate of silver, when its cellular character is proved. In larger capillaries, which are situated near the arteries and veins, this cellular membrane is strengthened by the addition

of another delicate and homogeneous membrane, and in still larger ones by an additional covering of a layer of delicate connective tissue. As the capillaries gradually emerge into the ultimate termination of arteries and veins the thickness of their walls is further increased by the fact that between the two internal membranes and the layer of contractile fibrillar cells distinct nuclei (arranged circularly around the longitudinal axis of the vessels) is interposed.

All these layers observed in the larger capillaries gradually grow thicker and become more important, until in the arteries and veins we recognize the three distinct coats of the vessels, viz.: external, middle and internal.

#### VASO-MOTOR APPARATUS.

The peripheral vaso-motor nervous apparatus consists of a great number of small ganglia, situated on the walls of the muscular vessels, giving off nerve fibres to the same, and connect through other ganglia with the spinal cord and set by reflex power from the vessels to the cord or vice versa. Besides these nerves certain others emanate from the spinal cord to terminate peripherally in the ganglia, known as vaso-dilators, and are inhibitory with arresting action, in varying degrees, upon the vaso-motor action, thus diminishing the tone of the vessels and permitting them to expand under the pressure of the blood.

Now, as to the erectile tissue. There are certain parts of the body, male and female, which when excited become swollen and turgid with blood and firm to touch. The sensibilities and indeed the actions of such parts appear exalted when in a state of erection. The most peculiar phenomenon in this state is the sudden and remark-

able accumulation of blood in the erectile tissue at the time and as the immediate cause of the erection. This action was formerly explained by the existence of a certain force peculiar to erectile tissue called nervi erigentes, but the researches of later physiologists have discovered a peculiar mechanism in the tissue itself, by means of which the elongation is immediately produced, viz: that it depends on pressure exercised on the veins or sinuses of the tissue by certain bands of muscular fibres, and hence the accumulation of blood as the arteries convey it freely and rapidly to the tissues. These muscular bands are supplied by nerves in much the same way as the vessels from centres located in the spinal cord, and are often called the nervi erigentes. But no matter whether the congestion is produced by the action of the vasodilator of the vaso-motor apparatus or by erectile tissue, we must in either case refer any influence transmitted to ·the parts in question through the spinal cord from the brain base. This leads us back to a genito-spinal centre in the cord, vaso-motor; but, as we have seen before, no nervous centre can act of its own motion or originate action de novo, but must be excited to action. This being so, we must look about for a suitable exciting influence to act upon the centres so that they may excite the vessels in such manner as to cause in one way or the other congestion. For a long time it has been regarded as probable that the spinal cord had a direct influence on the organs of generation, but it was Budge who made the definite experimental observation in regard to the influence of the lower part of the spinal cord in a male rabbit, and at the same time exposed the testicle, the vas deferens and the seminal vessel of the one side. By iritating the exposed lumbar portions of the cord he found in numerous experiments that irritation of that part which corresponds to the fourth lumbar nerve produced active motion in the vas deferens and vessels, the motion begining at the testicle and being propagated toward the corresponding seminal vessel. The irritation of no other part of the cord produced such effects. These observations on the male, which have been often repeated with the same results, have also been made on the female, and movements of the uterus have been excited from corresponding points of the cord; therefore the development and escape of the seminal fluid and Graafian vesicle are attended with no small degree of neryous excitement. Actuated from the same spinal centre both male and female organs of generation become more and more congested and irritable as these phenomena increase, so that every impression, even every influence affecting these parts, must be reflected to and from the spinal cord, from these to the brain and to the external genitals. Hence we may readily perceive the relations existing between potency and the vaso-motor tonus of the genitospinal centres, or impotency, and the plexes of these centres.

In the latter case there could be no erection or there would be a great loss of the fluctuating powers of the genital organs, i.e., enfeeblement of secretions, erections and ejaculations of the male, and a want of activity, ovulation, menstruation and evolution on the part of the female. Hence, all of the procreative powers are more or less dependent upon the aforesaid vaso-motors. The inhibitory action exerted by the sensory centres throughout the cord play a vitally important

influence over the circulation, periodical and rhythmical action of the heart, and respiration, blushing, rage, pallor and suffusion. Says John Hunter: "There is not a natural action of the body, whether voluntary or involuntary, that may not be influenced by the peculiar state of the mind at the time."

#### IMPOTENCY AND STERILITY.

The term impotence (from in neg. and possum, to be able) may be applied to every morbid state in either sex which prevents the seminal fluid of the male coming into contact with the female ovule. On the other hand, sterility (from a word meaning barren) is that condition in which either no spermatozoa or ovules are secreted or their vitality is immediately destroyed.

#### IMPOTENCY IN MAN.

The act of copulation may be rendered impossible by many causes: By absence, or want of development, or malformation, or mutilation of the penis; by mental influence, violent emotion, passion, over-excited desire, want of confidence, anxiety, grief, disgust, the forms most curable by tact and skill on the part of the physician; by fevers and other severe diseases, the sexual organs remaining feeble after general health is restored, curable by proper treatment, electrical, etc., etc.

#### INCURABLE CASES.

By injuries to the back part of the head from falls, blows, concussion, etc., these being generally incurable, loss of power and wasting of testes and penis follow. By injuries and diseases of spinal cord, which remove the power to copulate, though desire remains and semen may be secreted; from excessive use of tobacco, which impairs digestion and weakens nerv-

ous and muscular systems. (See my essay on "Excessive Use of Tobacco and Stimulants.") Opium eating is injurious in like manner and from the same cause. By abuse of the sexual functions, removing the power of erection, onanism or excessive sexual intercourse, "spermatorrhœa," impediments to escape of semen, such as stricture of vrethra, in which the ejaculated fluid regurgitates into the bladder and abnormal openings in the urethra (hypospadias and epispadias), so that the semen is not ejaculated into the vagina. Also by excessive obesity and large scrotal hernia.

#### IMPOTENCE IN WOMEN

May be due to firm adhesions of labia pudendi, excessively developed and persistent hymen, absence or malformation or an impervious condition of the vagina, and obliteration of this canal through inflammation. A double vagina impedes, but does not prevent copulation. Super sensitiveness with spasmodic closure of the vagina (vagin ismus), and tumor of vagina or uterine tumors which have passed into the vaginal canal. Elongation of the cervix uteri, engorgement or induration of labii uteri, obliteration, obstruction or great narrowing of os uteri or cervical canal, closure of uterine cavity by tumors, cancer, etc. Malposition of the uterus, acute retro-flexion and ante-flexion, inflammation affecting the uterus, occlusion of fallopian tubes, disease of fimbriated extremities, irremediable procidentia of the uterus, large recto vaginal or vesico-vaginal or fistula, or complete rupture of perineum, allowing improper escape of seminal fluid. Uterine cancer, even when the vagina is involved, impedes, but does not prevent, intercourse and fecundation.

#### STERILITY IN MAN.

Arises from certain diseases, such as tuberculosis, diabetes, albuminuria. Some forms of obstinate dyspepsia, and in advanced stages the secretion of seminal fluid is usually stopped. Some cerebral defect, owing to which the functions of the testicles have never been called into play. Disease of testicles, tumors, cancers, repeated attacks of varicocele, though as only one gland is usually affected these conditions scarcely produce sterility. Malposition of testes, these organs being retained in the abdominal cavity, copulation being feasible with the crypsorchis, but the semen ejaculated being destitute of spermatozoa. Ob structions in the excretory ducts of the testicles, such as temporary or permanent obstruction after epididymitis, with power of copulating, but the ejaculated fluid being destitute of spermatozoa. Obliteration of ejaculatory canals from abscesses near prostate leading to atrophy of the testes. Abuse of tobacco and opium and alcoholic drinks, as well as syphilitic taint, may destroy vitality of spermatozoa.

#### STERILITY IN WOMAN

Arises from amenorrhoea. Exhaustion or excessive general weakness, too frequent or imperfect sexual excitement, indifference to sexual act or a restraint of the orgasm. Absence, arrest of development or disease of ovaries, only occasional, but not an absolute cause, as both glands are seldom diseased at the same time. Leucorrhoea, especially when the discharge is abundant and acrid, by causing destruction of the spermatozoa before they reach an ovule. Syphilitic taint occasionally destroys vitality of ovule.

(To be Continued.)

# COMPOUND DISLOCATION OF THE ELBOW JOINT.

BY C. S. PARKHILL, M. D., HORNELLSVILLE, N. Y.

In presenting a report of the following cases of complicated injuries of the elbow joint treated without immobilizing splints, it is, as far as I know, unique in the surgical treatment of such injuries. I was led to adopt this method solely from the belief that most of the bad results from joint injuries, when properly reduced after fracture or dislocation, was due to malnutrition of the bones and muscles comprising the joint, and pressure, and that rigid immobilizing appliances were unnecessary. The result being so satisfactory in the first of the series of cases I was prompted to dress the following cases without splints.

Injuries of the elbow joint are a source of perhaps greater anxiety and disappointment to the surgeon than any other, and recoveries are not common without some degree of deformity and impairment of motion and many lose completely the function of the joint, no matter how carefully an immobilizing splint is applied.

The very fact that a joint is completely immobilized and for too long a period, to my mind, is an important element in producing bad rasults. If a splint is applied sufficiently tight to completely immobilize a joint the circulation is more or less interfered with, so that nutrition of the bone is imperfect, to say nothing of the increased pressure caused by swelling.

The essential point is a perfect reduction, which should always be done under anæsthesia, for in no other way can you get complete muscular relaxation which also affords an opportunity for careful and thorough examination of the injury and the result of

your efforts at reduction of a fracture or a dislocation.

I do not believe that all fractures can be safely dressed without splints, especially fractures of the long bones. Even in these too much reliance is likely to be placed upon immobilizing apparatus and too little upon an exact knowledge of the condition of the fracture when the first dressing is applied.

Case 1. March 9, 1899. Fred Foss, 43 North Main street, while working with a circular saw in McConn II & Co's mill was struck by the saw in the back of his right hand, which drew the arm forward to the elbow and sawed the outer half of the ulna and producing a dislocation of both radius and ulna. The joint was opened and the celecranon process and the articulating surface of the ulna cut off with about three inches of the shaft. The wound was ragged as the saw was running slowly, thus tearing the soft parts rather than cutting.

I removed the third finger and several small fragments of bone along thetrack of the saw, reduced the dislocation and closed the wound with about thirty stitches. At the first dressing I applied a Levis angular splint which I removed the following morning and no splint was: afterwards applied. The dressing consisted in first, campho phenique powder, bichloride gauze, a double layer of cotton and a carefully applied bandage. The second bandage is applied in the form of a figure eight and the arm resting in a well adjusted sling. Passive motion was kept up after the first week and the dressings re-applied, the first two weeks about every alternate day, after

that less frequently. No suppuration occurred and the case was discharged April 5th, with almost perfect motion of the oint and he returned to his work May 1st.

I was assisted in the operation by Dr. C. M. Brasted and L. M. Kysor, my assistant, who July 31st made the measurements and finds the arm capable of flexation and extension 45 degrees to 135 degrees which is nearly perfect.

Case 2. John F. Smith, age four years,
No. 15 Taylor street, while playing with
other children April 28th, was thrown
violently forward on a brick sidewalk,
producing a posterior dislocation of the
ulna and an epiphyseal fracture of the
end of the humerus at the right elbow.

I was called from the street and having no splint applied a dressing similar to that of case one. I reduced the fracture and dislocation under anæsthesia and wrapped the arm from the wrist to the houlder with absorbent cotton and applied a bandage smoothly over it, dressing it with the hand pointing to the opposite shoulder. Then applied a figure eight bandage over the elbow and put the arm in a well adjusted sling and did not disturb it for one week.

I then examined it and found it as when first reduced. It was redressed at the end of the second and third weeks and recovered entirely at the end of the ourth week. I examined the arm July 21st and found that the function of the elbow is completely restored and little evidence of the injury remains.

Case 3. James Donovan, age four years, No. 51 East avenue, fell down stairs June 21st, producing a dislocation of the left ulna and fracturing the internal condyle. Aided by my assistant I reduced the fracture and dislocation

under anæsthesia, and applied dressing same as in case two.

I examined the elbow at the end of the first week and found no displacement. The arm was redressed each week and the dressings entirely removed at the end of the fourth week. I examined the arm July 21st and found extension complete and with slight force complete flexion. Without assistance he can touch the corresponding shoulder with his fingers as well as before the injury. No deformity exists and he uses the arm with the same facility as before.

Case 4. Harley Walbridge, age four years, No. 70 Genesee street, was some miles in the country, and, while picking cherries, fell from the tree, striking on his right hand, producing a posterior dislocation of the radius andulna, with a fracture of the coronold process of the ulna.

This deformity was reduced under anæsthesia and dressing applied the same as in the preceding cases. The elbow was re-dressed at the end of each week and removed the end of the fourth.

I examined the arm July 25th and found the function of the elbow completely restored without deformity.

It is well known that injured joints, not used, naturally become anchylosed because motion is as much a stimulant to a joint as light to the eye. The ordinary lubricating fluid of the joint becomes dry and the joint inflamed. A healthy joint at rest for five weeks becomes stiff and painful. This is the greatest difficulty we have to contend with in the treatment of fractures, assuming that they have been properly reduced.

It has been the rule to completely immobilize fractures involving the joints, and in so doing there is likely to be a degree of anchylosis hard to overcome.

# 

Urotropin, as I have proved, has uric acid solvent properties at the body temperature; it occasionally diminishes the uric acid excretion, as Rosenfeld has shown, and as at least one case of mine of arthritis urica demonstrates; and it is a diuretic. Hence its use is certainly indicated in the treatment of uric acid calculi. And since it is found unchanged in the urine it must be present in the blood and tissue fluids, and therefore it is certainly rational to employ it in gout.

The records of its employment in calculous disease are yet few, compared to those of its use in diseases of the urinary passages. This is probably on account of the shorter time required for it to develop its effect, and the greater ease of recognizing it in these latter affections. Casper is the only authority whose report in this effect is unsatisfactory. Loebisch, Levison and Tanago report favorably upon Urotropin in this respect.

I have treated a number of patients suffering from the uric acid diathesis with Urotropin and have watched them for a considerable time, in two cases for over three years.

One fact was entirely obvious, and that was that the Urotropinized urine at the body temperature had uric acid solvent properties, which the ordinary secretion did not possess. Thus if there was any doubt as to the solution of concrements already formed, their growth and the formation of new ones was certainly prevented.

Diuresis was increased in only a minority of cases; this I remedied by the abundant administration of water, more especialty of the mild alkaline mineral springs. Under the use of Urotropin, concrements of fair size were several times evacuated with ease; but whether the drug has any marked action upon the nephritic colicitself I am unable to say.

Case XVI. W. G., forty-three yearsold, with a phthisical family history.
He first had nephritic colic in 1894,
and has had it since at intervals of
about six months, during which attacks two or three fairly large stones
composed of urates or uric acid would
be evacuated with terrible pain. Hebrought three elongated ones with
him, weighing on an average 0.4 gram
(6 grains). He frequently passed
smaller stones and gravel.

He was received in the Clinic onFebruary 2, 1899, and was found tohave a dilated heart and sugar and a
little albumin in the urine. He wasput upon appropriate treatment for
his diabetes, and improved thereunder.
Besides this he was given Urotropin in
from one to three grams (15 to 45grains) daily doses. No calculi were
passed until the time of his dismissal
from the clinic on March 4th. Thepain in the kidney region had disappeared. He was given directions asto diet and ordered to take 1.5 gram(22\frac{1}{2} grains) of Urotropin daily.

On July 7, 1899, the patient reported that he had taken the Urotropin steadily in the prescribed doses. He had had no attacks of nephritic colic and no pain in the renal region. He had passed a few small uric acid concrements without trouble.

This disappearance of the renal pains in cases of nephro-lithiasis has been noticed by Penzoldt also.

Case XVII. X. Y., sixty-nine yearsold, had suffered from gout and had

his first attack of renal colic in 1886. In the succeeding years he had a series of mild attacks; in 1889 one violent and four lesser ones, when for the first time he passed a small uric acid calculus. From 1891 to 18,5 he had a series of violent attacks. In February, 1896, I ordered him an appr priate diet and the use of Urotropin in one gram (15 grains) doses daily. His urine was then normal. In April of that year he had sudden pain in the right kidney region and vesical tenesmus; the urine was red and contained an abundance of albumin and red blood corpuscles; and on the evening of the next day he passed a hempseedsized uric acid calculus. The symptoms then disappeared, to return on June 24th with the same result. Up to the present time (October, 1 99) the patient has been taking from one to 1.5 grams (15 to 221 grains) of Urotropin daily with but few interruptions. Colic or kidney pains of any kind have not re-appeared for the last three years; nor have any concrements been passed. The gouty symptoms showed themselves from time to time with lessened severity, but have promptly receded under the use of the Urotropin.

Case XVIII. H. S., fifty-six years old, had his first attack of gout in the spring of 1891, and has suffered from frequently ever since. In February, -1895, had his first attack of renal colic of the right side. On April 27, 1895, passed a cylindrical uric acid calculus weighing 0.02 gram (3-10 grain) without pain.

On May 24, 1895, he came to Gottingen for observation. His joints were normal; the urine showed no sugar, but a moderate amount of albumin, numerous red blood cells, with round cells and uric acid crystals. He was ordered a suitable diet, and Urotropin for three days, for the first one in 0.5 gram (7 1-2 grains) and the other two in one gram (15 grains) daily doses. The drug was well borne and the albumin diminished

greatly in quantity.

The patient then passed a uric acid calculus weighing 0.55 gram (8 1-4 grains). He then used Wildunger and Kaiser Friedrichsquelle water and Uro ropin tor a year in daily doses of from 1 to 1.5 grams (15 to 22 1-2 grains). The urine was often examined, and was always found to have uric acid solvent properties. On October 9, 1895, it contained no albumin, or red blood cells, and only a few round cells. Thus the symptoms in a case of renal disease retrogressed under the administration of the drug. Since 1895 he has had neither nephritic colic nor gout, nor has he passed any calculi.

Both these cases had nephrolithiasis and gout. In both the colics disappeared; in one the gouty attacks also disappeared, and in the other they became milder and promptly reacted to the Urotropin treatment. Prof. Ebstein, who treated the last case, as well as other cases of gout with Urotropin, agrees with me that the remedy should be employed in that affection, and I am positively of the opinion that it is useful for uric acid concretions, provided it is regularly taken for a long period of time.

THE ACTION OF UROTROPIN IN PHOSPHA-

Windell, Casper and Wilcox have reported excellent results from the use of Urotropin in phosphaturia, and I have seen one case with Prof. Ebstein in which it was efficacious. In six other cases in the clinic, however, I obtained no results. Casper also found it efficacious only in certain cases. Just what class of cases of phosphaturia are benefitted is still uncertain, as is also the manner of its action in this affection. It deserves a trial, however, in every case.

CONCLUSIONS.

To summarize briefly the clinical observations embodied in this paper:

Urotropin is efficacious in affections of the urinary passages of various kinds and origins, in the treatment of the uric acid diathesis, and also occasionally in phosphaturia. It forms an extremely valuable addition to our therapeutic resources.

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## NEW YORK ACADEMY OF MEDICINE SECTION ON ORTHOPÆDIC SUR-GERY MEETING OF FEBRUARY 16, 1900.

CERVICAL POTT'S DISEASE.

Dr. T. H. Myers presented a woman, 32 years of age, affected with caries of the lower cervical vertebræ. The patient's father had died of cancer. Otherwise the personal and family history was unimportant. During labor with her second child, three years ago, something had been felt to give way in her neck with persistent pain, which had not been materially affected by her third labor, one year ago, and had remained till the recent application of mechanical support. A dry cough had recently appeared. On January 29, 1900, when the patient was first seen, the chin rested on the sternum, with a marked kyphos at the 4th and another at the 7th cervical vertebra. some lateral curvature, marked reflex muscular spasm and ability to rotate the head 45 degrees to either side. Pain prevented walking more than a short distance and was severe at the sternum about the level of the fifth rib and in the left scapular region. There was no sign of abscess. The spine at the place of disease was unusually broad. The patient was losing ground in nutrition, pain and deformity. A spinal assistant and chin-piece, the uprights being carried only a little below the level of the scapulæ, was applied and had already lessened the pain and deformity.

Dr. A. B. Judson said that it was desirable to reduce apparatus of all kind, in its extent and number of its parts, if it

could be done without the loss of effi-

Dr. H. L. Taylor said that increasing the length of a brace as a rule increased its leverage. The joints which were most successfully treated were those to which long leverage was applicable for the reduction of deformity.

Dr. Myers said that shortening the lower part of the apparate at the expense of some leverage had not compromised its efficient action and had enabled the patient to do her customary heavy work as a housekeeper while wearing the brace, an ability which would have been very questionable if immobilization had included the whole vertebral column.

Dr. W. R. Townsend said that the remarkable breadth of the kyphos suggested the possibility of dislocation, which would of course be eliminated if it could be demonstrated that the vertebral bodies were in normal alignment.

Dr. R. H. Sayre said that a small skiagraphic plate at the side of the neck might reveal the arrangement of the bones. There were also marked overjuttings at the upper and lower ends of the deformity. This, and such widening as he had never seen in cases of this kind, argued either dislocation or a remarkable amount of absorption of the anterior parts of the bodies of the vertebræ.

Dr. Taylor said that the diagnosis of tubercular caries could not be considered as settled until malignancy and dislocation, with consequent inflammation, had been removed as possible factors.

Dr. Myers said that the trouble was tubercular with very little room for doubt. The pain and deformity had been increasing from the beginning, while in dislocation the deformity was at its greatest in the beginning, with pain diminishing with the progress of the case. As there were two distinct prominences with an intervening depression it would be necessary before dislocation could be considered as a factor to predicate the very curious occurrence here of a double dislocation.

#### DISEASE OF THE HIP.

Dr. Myers also presented a boy, 15 years of age, who had been before the Section on March 19, 1897 (Medical Times and Register May 8, 1897, page 312.—Editor), when convalescing from extensive osteo-mylitis of the upper part of the femur of seven years' duration. The onset had been with acute fever and a joint absolutely rigid from reflex muscular spasm. Although five inches of the shaft was found denuded of periosteum excision was not done, and the treatment had been by long continued wearing of the traction splint with occasional curetting. In March, 1897, there was wide motion in flexion and extension, three-fourths inches lengthening from the ante:ior superior spinous process to the internal malleolus, and treatment was discontinued. In February, 1899, there was abscess formation at the scar and the medullary canal was curvetted five inches downward from the trochanter. March, 1900, the scar was found to be firm, there was free motion in flexion, adduction and rotation with no reflex spasm, and measurements gave neither lengthening nor shortening. During the period of irritation, preceding 1897, while the limb was bandaged and kept

from the ground by the hip splint, it grew faster than the well limb with resulting asymmetry in length of three-fourth inches, which disappeared in the sub-acute period in which the limb had been free from the restraints of treatment and freely used. The gait was normal, with normal locomotor ability.

#### LATERAL CURVATURE THE RESULT OF IN-FANTILE PARALYSIS.

Dr. Townsend presented a boy, five years old, who had worn Plaster of Paris jackets for three years for weakness and deformity of the spine. When first seen he could not stand or sit erect, from disability of the muscles of the back, evidently the result of infantile paralysis. When presented, he was able to hold himself up without the jacket. Rotation was very evident in prominence of the angles of the ribs on the left side and flattening of the chest wall in front on the right side:

Dr. V. P. Gibney found that the left side measured from the centre of the chest to the spinous processes nine inches, the right eight and one-half inches.

Dr. Judson found that the left arm measured six and one-eighth inches in circumference, the right seven inches, supporting the diagnosis of infantile paralysis. He said that as rotation produced not only prominence of the angles of the ribs, but also of the left scapula the curve was to the left and included a large part of the column with but little if any compensating curve. These marked prominences showed extreme degree of curvature in the bodies of the vertebræ coincident with slight curvature in the spinous processes.

Dr. Myers said that in these extreme cases regular exercises should be given to promote development of the muscles, especially those of respiration and apparatus should be designed in such a way as to reduce restriction of the trunk to the

lowest point compatible with the required support.

Dr. Sayre said that his experience with similar cases led him to rely for necessary support on apparatus that went all the way around the child, in order to prevent a great increase in deformity. In the case of the patient presented, he thought benefit would be gained by having the support go higher and take in the head. Although the plaster jacket might be heavy the child would be able to do hard work in it, and was more comfortable than with apparatus constructed of wood, leather, silicate or any other material so applied as not to extend all the way around. In suitable cases regular systematic exercises would develop the muscles and prevent the ill effects which might come from undue restriction.

Dr. Townsend said that the proper application of a restricting brace to a growing child was not an easy thing, especially as the parents, in the absence of urgent symptoms, would not bring the child oftener than once in three or four months. As the patient was gaining strength, he believed that in time the treatment should include regular exercises.

DOUBLE LESIONS OF THE KNEE IN CHIL-DREN.

Dr. Taylor presented a girl, 18 months old, who had suffered since July, 1899, with what appeared to be rheumatoid arthritis of both knees, which had been swollen and stiff and tender. They were flexible considerably beyond 90 degrees, but were limited in extension, the left to 120 degrees and the right to 130 degrees. Two of the finger joints were similarly affected. A rheumatic or specific family history had not been found.

He also presented a girl six years

of age. Two months ago, without known cause, heat and swelling had appeared in both knees. When first seen, on January 29, 1900, there was effusion with heat, pain and swelling, and the child walked with some difficulty, especially after sitting for a while. The knees were extensible to 180 degrees and flexible a little beyond o degrees. Each measured ten and five-eights inches. Pathologically the family history had been uneventful and specific indications had not been found. Treatment by mercurial inunctions had been followed by reduction of the swollen knees to ten and one-half inches and improvement in every other particular.

A positive diagnosis had not been made in either case. Double knee lesions in young children were rare. While specific joint lesions were not often seen in children, he thought that the absence of a clear syphilitic history in parent and child did not necessarily exclude infection.

Dr. R. A. Hibbs said that the inflammatory condition present indicated the application of immobilizing apparatus.

Dr. Judson said that the sub-acute character of the inflammation called for protection of the joint from the weight of the body. In a case in which a single member was affected the limb could be made pendent by an apparatus which would throw the burden on the unaffected limb, but when both the knees were inflamed this mechanical resort failed. He suggested that standing and locomotion be avoided so far as it could be done, with the expectation that the ultimate result would be favorable through general treatment and healthy growth. Dr. G. R. Elliott said that the bilateral involvement argued constitutional infection and that the facies and the peculiar conical appearance of the fingers which narrowed down to a point, with an enlargement that did not belong wholly to the joint indicated syphilis rather than rheumatoid anthritis.

Dr. Sayre said that the possibility of syphilis was suggested by the facial appearance and expression of the baby and by the presence of phalangeal periositis. He favored experimental anti-syphilitic treatment.

Dr. Myers said that rheumatoid anthritis was unusual so early in life, and in adults a long period of rigidity and pain generally preceded the appearance of swelling of the larger joints. He thought that the smaller child was affected with syphilis rather than with rheumatoid anthritis.

Dr. Taylor said that the appearance of the knees and the implication of several finger joints had inclined him to the opinion that it was a case of rheumatoid anthritis which, although rare, was not unknown at this early age. If inunctions and cod liver oil, internally, produced no good effect anti-syphilitic medication would be tried.

#### TRANSPLANTATION OF TENDONS.

Dr. Townsend presented a boy, 14 years old, on whom he had operated for the relief of disability of the hand accompanying right hemiplegia the result of cerebral palsy in infancy. The right heel cord had been cut several years before. He had never had useful control of the right hand which was a typical claw hand. The fingers were flexed on the palm, with slight ability to extend, and the hand was sharply flexed so that its dorsum was nearly at a right angle with the forearm, with no ability to extend the wrist. The fingers had no power to

grasp on account of the position in which the hand was held. The object of the operation was to correct the flexion at the wrist and restore the power of grasping to the fingers, by shortening the extensor tendons and attaching to them the cut ends of certain flexor tendons passed through the space between the radius and ulna.

On December 21, 1899, through an incision on the flexor surface of the wrist, the tendons of the flexor carpi radialis, the flexor carpi ulnaris and the palmaris longus were divided by scissors just above the annular ligament and silk threads were stitched to the ends to prevent their withdrawal upward out of reach. The tendon of the extensor communis digitorum was then expressed about one and one-half in above the wrist by an incision or the dorsal surface. It was folded on itself twice, to shorten it, and between the folds the cut ends of the flexor tendons, passed through from the flexor surface, were attached by catgutt stitches. The wounds healed per primam, except at one little spot which closed in ten days. The fingers were kept extended in splints for six weeks to insure union of the tendons. The result had been a hand held perfectly straight in a position of extension with power to extend and flex through an arc of about 20 degrees, and the restoration of a fair grasp to the fingers, a condition subject to probable improvement by use, massage and electricity.

Dr. Gibney said that it would be difficult to prevent adhesion from taking place in the interosseous space, and even if the tendons did not adhere they might be so constricted as to interfere with the action of the muscles. In an operation already planned he would try to make the space larger by

a series of sutures through and through, making the opening large enough so that there would be no binding of the tendon. With large push needles, such as were used for deep sinuses, he believed he could push the needle through the tissues from the other side, back and forth, and get a large enough space to pass the tendons through very easily.

Dr. Elliott said that the result was excellent. He believed, however, that the gain was one chiefly by improved position, due to the folds which had been made in the extensor communis tendon, thereby taking up the slack. Cutting off the three tendons and passing them through between the bones simply had transferred their flexor points of attachment to the cicatrix, They had already grown fast. The same result, or better, would have been accomplished by simply cutting the three tendons, thus getting them away from the wrist and allowing them to re-attach themselves as in retreating tenotomies on the eyes.

Dr. Myers had noticed that extension of the wrist was caused, at least in part, by the voluntary action of the extensors. Holding the boy's arm he had felt contraction of the extensors accompanying an effort to extend the wrist. The shortening of the extensor communis would give the other muscles a chance to recuperate.

Dr. Gibney said that when the electrode was placed over the flexor muscle the action was on the cicatrix, there was no extension of the wrist.

Dr. Myers said that a return of voluntary motion sometimes preceded return of the faradic reaction.

Dr. Townserd said that the application of electrodes to the flexor carpi ulnaris produced contraction below the scar on the extensor side. The boy had already acquired control of a

pen and was learning to write and anxious to use the hand all the time. The progress of the case would tell whether the possibility of adhesion of the tendons would be a real or fanciful difficulty.

Dr. Gibney said that in some recent operations the tendons had not been transplanted but simply shortened by taking loops in them. The result had been a little increase in power and the hands had been prevented from going over so far in flexion. He thought that operations on tendons promised a great deal in old heniplegias and hemispastics.

Dr. Judson said that they would be more likely to achieve permanent improvement in the upper than in the lower extremity. In the latter the great strains incident to locomotion would make ultimate success uncertain.

TIBIAL OSTEO SARCOMA MISTAKEN FOR A SLIPPING CARTILAGE.

Dr. Gibney presented a specimen derived from amputation at the lower part of the thigh. The patient, a woman 26 years of age, when walking down a hill in July, 1898, had inadvertently turned her foot outward with resulting very acute pain, lasting 15 or 20 minutes, over the internal semi-lunar cartilage of the knee and inability to straighten the limb for several minutes. Disability in bed for two or three days was followed by persistent weakness and more or less pain in the limb. Several recurrences of this "giving way" of the limb, with increase of disability, had led to the application of Plaster of Paris bandages in the fall.

In the spring of 1899, when the patient was seen for the first time, she was soon enabled to walk much better by the application on April 6, 1899, of a brace which was adjusted at first

to permit and afterwards to prevent motion at the knee. Pain and tenderness were combatted by sinapisms and the cautery. Removing the brace without permission, she fell with another painful "giving way" of the limb. She left the city June 20, 1899, carefully instructed in the management of the brace. Pain and disability persisted, however, and increased during her prolonged absence, and when she was again examined on January 29, 1900, considerable enlargement was found over the head of the tibia with no distention of the synovial sac. Up to that date, the trouble was believed to depend on laceration of the internal semi-lunar cartilage with a wrenching of its attachments, the prominent features of the case having been : repeated sudden arrest of locomotion from slight injury in which the foot was twisted, pain at the internal tibial tuberosity, later a thigh and calf measuring 11 in and 1 in less in circumference than those of the unaffected limb, considerable reflex spasm, absence of heat, a freely movable patella and diminution of pain and increase of ability following the application of a brace on February 25. 1900, when the healing of the surface which had been blistered permitted a better examination, a small and painful indurated mass was discovered which was incised on February 10th and found to be an irregular whitish tumor over the tuberosity of the tibia and encroaching on the joint. The underlying bone was softened. A second tumor of grayish material with hæmorrhagic spots, was found near the first and to the outer side of the tibia. The examiner reported round celled sarcoma with some spindle cells and even giant cells and amputation was done on February 15th about three inches above the condyles.

Dr. Elliott recalled a similar case, reported by him at the meeting of the section held on October 20, 1899 (See Medical Times and Register, January, 1900, p 7.—Editor), in which a correct diagnosis had been overlooked, although severe pain had been entirely unaffected by fixation and traction persistently applied for tubercular joint.

Dr. Townsend, in a case reported at the same meeting, had mistaken a sarcoma for an osteitis of the head of the tibia. In his case, however, pain had been an unimportant feature and the duration of the disease was exceptionally prolonged. He wished to emphasize the difficulty of diagnosis of osteo-sarcoma near the knee before it had reached a point when a distinct tumor was presented.

Dr. Sayre recalled two cases of amputation for osteo-sarcoma of the femur which had for months presented all the appearances of tuberculosis of the knee.

Dr. Judson recalled a case illustrating the reverse, that of a girl, 13 years old, supposed to have some trouble requiring orthopædic treatment of the right knee joint. A competent authority said, however, after repeated examinations that the trouble was probably malignant and advised an anæsthetic for exploratory incision and perhaps radical operation. It was an osteitis of the femur which recovered, with the propection furnished by a Thomas splint, and left no trace except a scar which followed a sinus on the posterior and lower part of the thigh.

Dr. Gibney said that early in the history of his case traction had partially relieved the pain, while in the late stage relief attended extension of the knee to a certain angle. With displaced cartilage the subpatellar bursa

was sometimes acutely influenced by pressure. When the patient returned after her long absence, the deformity caused by the presence of the mass seen in the specimen connected the diagnosis of lesion of the semi-lunar cartilage and the incision revealed the nature of the affection.

SUMMARY OF DISCUSSION AT NEW YORK ACADEMY OF MEDICINE, IN SYMPOSIUM ON TREATMENT OF CANCER BY RADICAL SURGERY, MARCH 12, 1900.

CANCER OF THE LARYNX, GASTRIC-CANCER—THE TREATMENT OF SARCOMA BY THE EM-PLOYMENT OF TOXINES.

Dr. Thomas H. Manley: It strikes me that papers dealing with such an important subject as those to-night should not be passed over without some slight comment on the part of members of the Academy, and I should like to begin with Dr. Delavan's and ask him a general question bearing on-I will not say cancer of the larynx, but malignant disease of the larynx, or disease which threatens life by producing stenosis. I would include cancer syphilis tuberculosis and possibly benign neoplasms in the larynx. In such cases, I would ask Dr. Delavan if life is not equally prolonged and if the patient is not left about as comfortable hy a tracheotomy as by an operation which involves the removal of the thyroid cartilage of the larynx, either partial or complete? I ask this question because, while the larynx is a superficial structure, and its complete removal appears to be a comparatively simple operation, yet statistics will prove that it is one of the greatest magnitude and entails a high mortality

Dr. Curtis, in discussing the question of the diagnosis and treatment of cancer of the gastro-intestinal tract, naturally attached a great deal of importance to the matter of early diagnosis. The great difficulty is to make

the diagnosis at a sufficiently early stage in the progress of the disease. As a matter of fact, every type of visceral cancer is as a rule, painless. In malignant growths of the stomach, for example, the patient's attention is only called to the existence of the lesion by a hemorrhage—the blood either being vomited or passed per rectum-or by sterotic obstruction. As a rule, there is no severe pain unless the process has extended through the gastric wall and set up a localized peritonitis. A hemorrhage of the stomach, especially in a young, male subject, is very suggestive of cancer, whereas in the female it points more probably to a benign lesion.

Chemical examination of the contents of the stomach has in my hands proven very unreliable in the diagnosis of malignant disease of that organ. I have seen the absence of hydrochloric acid in a stomach which was not the seat of malignant disease, and I have seen it present in a stomach which was the seat of extensive malignant disease. There are some cases of malignant disease of the stomach which cannot be diagnosed with certainty by any possible means excepting exposure. Such an example came under my observation about six months ago. The patient was a young woman, 34 years old, who had a comparatively large tumor a little to the left of the umbilicus. This gave rise to no pain, but it was very sensitive on pressure. She had suffered much from vomiting, and was greatly emaciated. After a very careful examination I candidly told the family that I was uncertain whether the tumor was a floating kidney, a displaced spleen, a growth in the head of the pancreas or a growth in the wall of the stomach. I was rather inclined to believe that it was a malignant growth of the pylorus. She was sent to the hospital, and soon after her admission her vomiting ceased entirely. I had one of the best diagnosticians in the city examine her, and he said he believed the case was one of tumor of the spleen: he advised an examination of the blood. This was done and sevealed a leucocythaemia, which strengthened his belief that the case was one of tumor of the spleen. I could not agree with him. The patient began to eat better, and was anxious to have an operation done. I hesitated to operate on account of the large morality that attends the removal of growths involving the stomach wall, but finally I consented. I found first a diverticulum or pouch lying between the base or the stomach and the transverse colon. This pouch communicated with the stomach through a small opening, and on some occasions it was large, on others small, depending upon the quantity of food that passed into it. It involved about two-thirds of the posterior wall of the stomach -about one-fifth of the entire area of the stomach surface. The operation which I did for its removal was rapidly performed and practically bloodless, yet the patient died before its completion. There is danger in presenting these operations to the profession in too roseate a hue, especially in these days, when every practitioner is more or less of a surgeon. As a matter of fact they are not simple, and the mortality attending them is not a trifling matter. I take the position that a tumor in the posterior wall of the stomach, if near the cardiac opening, is absolutely inoperable, and that these operations are frequently done with great difficulty.

I was surprised to hear Dr. Curtis say that there was so little difference in the mortality attending a gastro-enterostomy and a pylorectomy. This seems to me incomprehensible, because gastro-enterostomy is so simple as contrasted with the other condition, particularly where there is infiltration of the pylorus, and the growth extends into the sub-adjacent parts; its removal in those cases entails a considerable loss of blood, the procedure is usually a very tedious one and the patient is not in a condition to bear a severe operation.

In dealing with cancer of the small intestines, the importance of an early diagnosis is the all important one. If we could only recognize such a condition early enough, its radical removal, in skilled hands, would be a comparatively simple matter.

One word about Dr. Coley's paper. Dr. Coley's discovery strikes me as the most extraordinary of the century which is now nearing its close, inasmuch as it is the only thing that can cure malignant disease. This has been proven in cases which were regarded as utterly hopeless. Surely, it is a matter of great satisfaction that the discoverer of this great remedy is a member of this Academy. He is yet young in years, and let us hope that he will be able to discover something even more potent in the cure of cancer.

# A NEW AND SIMPLE METHOD FOR THE SURGICAL TREATMENT OF HEMORRHOIDS,

BY C. S. PARKHILL, HORNELLSVILLE, N.Y.

June 11, 1895, I was called to see a patient who had a pediculated Vulvar Lipoma about four inches in length that had become inflamed from pressure and friction. Not knowing what the case was before leaving my office, I was not prepared for surgical treatment, but in looking through my grip for some instruments I found a phymosis clamp and after cleansing the tumor and the surface in contact with it, I applied the clamp and transfixed the pedicle through the fenestra with gut ligatures and then cut off the pedicle on top of the clamp, then removed the clamp and tied the ligatures. The case required no further attention.

The thought occurred to me then that hemorrhoids could be treated in the same manner. Soon afterwards I had a case requiring the removal of several pile tumors and I used the same method as in the first mentioned case with equally good result, and have continued this method of treatment with entire satisfaction.

The advantages of this method of treatment over the clamp and cautery are that it is purely a surgical procedure; is practically free from hemorrhage and sepsis; the margins of the cut surfaces are accurately approximated; there is no pain after the operation and no danger of excessive contracture from cicatrix as is possible after using the clamp and cautery.

I find that a fenestrated clamp is not necessary to the success of the operation. A small clamp not more than one-fourth of an inch in diameter can be used as well, and the tumors removed more rapidly. The clamp can be applied to the tumors and the ligatures put in about one-fourth of an inch apart close to the under surface of the clamp; then cut off the tumor with scissors close to the upper surface of the clamp, then tie the sutures over the clamp with one knot. When all are tied remove the clamp, draw the sutures sufficiently tight and complete the knot. Cut off the sutures close to it.

The clamp should be applied parallel to the muscular fibre, then no perceptible cicatrix will remain. I claim that this method is safe, simple, painless and practical and requires no expensive instruments. The patient may be prepared for the operation by administering an active cathartic the previous day and have the bowels flushed the morning of the operation. After being anæsthized stretch the sphincter with the thumbs, cleanse the parts antiseptically, then place a cotton tampon against the upper sphincter to prevent infecting the field of operation, which should be removed when the operation is completed.

I have been in the habit of placing a compress with a 1-1000 solution of Bichloride to the parts for a few hours and injecting two ounces of olive oil the third day and the following day move the bowels with an enema of warm water.

The special rectal clamp can be procured from the J. F. Hartz Co., 268 Woodward avenue, Detroit, Mich.

#### STATIC CATAPHORESIS.

BY EDWARD C. FRASER, M. D., M. E.

Professor of Nervous Diseases, Eastern College of Electro-Therapeutics, Philadelphia, Pa.

As static electricity is of sufficient high electro-motive force it is capable of exciting molecular motion in gaseous substances, the same as the galvanic current imparts molecular motion to liquids and substances held in The cataphoric action of solution. the galvanic current arises from the mode of molecular motion it imparts to the substance applied, and it is now found that the static current possesses the same, if not more marked properties in relation to gaseous matter; the molecular structure of gaseous matter being so much finer, and the molecules being held in a more mobile state, greater power of penetration is given when bombarded against the surface of the tissues to which it is applied. This is found applicable to the use of volatilized mercury, from formaldehyde, etc., which may be administered in the following manner:

Take a glass globe or vessel having an opening which will fit closely to the surface to which it has been applied; at the other end have fitted a metallic brush for admitting the static current; upon a glass rod sealed inside the chamber is placed cotton or sponge saturated with formaldehyde or any other substance which will evaporate and saturate the air contained within the chamber, and a static discharge sent from the brush electrode through the saturated air chamber to the skin of the patient, over the part to be treated by this method. The medicine can be volatilized by heat, outside the vessel, and carried through a glass tube sealed into it, if desired.

It will be readily seen that any gas admitted to the glass vessel or chamber would be excited by the static discharge, broken up, decomposed to a certain extent and driven against the tissue, a cataphoric action then taking place of great penetrative power.

This static cataphoresis can be used for many purposes, especially in pulmonary ailments. I predict a great future for static cataphoresis.

In a daily New York paper January 14, 1900, it is stated that for a month past the Francisque Crotte Electrical method of heating consumption has been the subject of official test at St. Luke's Hospital, New York City, Static Electricity being used. "A powerful germ-killing drug is placed upon the patient's chest and, by the power of electricity, is driven through the skin, flesh and bone of the chest walls, and so into the diseased structure of the lungs. The report of this treatment when completed is to be given to the Medical World. We will have to wait until the report is officially given, before we can estimate the practical importance of this method.

The speed of the glass plates in the ordinary static machine is comparatively low, while it is claimed with the Mica Plate Static Machine the plates will make 1,000 or more revolutions a minute. This would produce a current of considerable penetrative power. In the near future we may have specially constructed electrical machines with the necessary apparatus to introduce medicinal and other substances into the tissues of the body.

#### DIABETES MELLITUS.

BY WM. HOOKER VAIL, M. D., ST. LOUIS, MO.

After a careful study of and an extended experience in treating that pathological enigma. Diabetes Mellitus, I have found that aside from the selection of the best remedies and methods to combat this malady the physician usually has, at the outset, to overcome certain grave obstacles one of which is non-co-operation of the patient.

Very often a patient will, where entire confidence is wanting, secretly believe that the physician is mistaken in his diagnosis and naturally delays treatment, or as he is aware that doctors often disagree he will lose valuable time beating about for another professional opinion hoping it will be a directly opposite one.

Co-operation and confidence are requisites that must be first secured of the patient if we are to succeed to any considerable degree in making a cure. These features are of paramount importance, as the absence of either will handicap our best efforts. The patient must be early advised that it will require time, patience and many visits to the office for periodical analysis of urine, physical examination, also for advice as to the continuence or change of the treatment and diet, etc.

Again, so latent, insidious and elusive are the indications and early symptoms of this disease its presence is usually not detected in most cases, either by the patient or the family or physician, until after it has passed beyond the primary or incipient stage. Every physician has some good ideas as to the best methods to adopt and prosecute in treating so menacing an

affection, but none are so learned as to entirely ignore the experience of others. Over-confidence in any certain line of treatment often, through apparent failure, begets ridicule of the methods often most effective. There are many methods of treatment and varied are the remedies employed, but I must confess that no drug or yoked treatment can be thrown around any one case of Diabetes Mellitus, at least none that I have been privileged to wait upon.

The difficulty in treating the disease itself, thequestion of its originality, its cause and course, its duration and advancement, the probable condition of the viscera, the prognosis, the remedies to be administered, all place this disease as one of the most difficult and perplexing to treat.

In my judgment every gland and emunctory of the body is polluted in Diabetes Mellitus. Now this is where I believe many physicians make errors in treating the disease; they lose sight of the fact that the entire body is in a polluted state, that every functional organ is secreting semi-virus. This state of affairs has been of some duration and the somatic is prone to this condition, unless constantly worked with.

The protracted employment of a puissant and cogent detergent that will wash out the stagnated detritus must be insisted on. The detrition of the organs must be made good by the use of easily digested and assimilated foods at intervals and in ample quantities to supply all waste and the demands of the reconstructive apparatus.

By purifying every cell we establish free and healthy metabolism. The analects to be gleaned from my experience is that a potent, natural antiseptic alkaline mineral water does more to assist the symptomatic treatment than any other means or medication.

For several years now I have employed Allouez Magnesia spring water in the treatment of diabetes and in the larger number of cases the results have been eminently satisfactory. Allouez water purges these emunctories and destroys the foci of infection while at the same time it materially assists in quelling the symptomatic condition of the various organs of the somatic.

The favorable changes noted early in this treatment is the relief of the inordinate thirst, the rapid decrease in the quantity of both urine and sugar. with a corresponding decrease of the specific gravity. I allow a mild diet, but am particularly careful not to have the patient continue long on any one food. Where the disease is in an advanced stage I particularly instruct them to keep up the daily use of the water for a protracted period so that the weakened functions of the emunctories may not allow them to become stipated and throw them into a morbid condition.

Allouez is a splendid aid to digestion and assimilation, thus producing perfect metabolism, which is one of the greatest fastors we are compelled to deal with in diabetes. It furnishes the requisites of a predigested food, thereby preventing waste, and strengthens every debilitated organ, entering into and purifying the constituents of the cells in the organism.

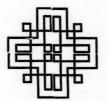
I recollect a case in which by the

liberal use of this water I reduced the specific gravity of urine from 1042 to 1020 in twelve days and the sugar also fully two-thirds. In a case that had been treated by specialists the urine soon after showed five per cent. of sugar and general condition alarm-After two months thorough treatment with Allouez Magnesia and a diet there remained no trace of sugar. The headaches and insomnia were early relieved. A decided improvement in all other general symptoms was apparent. I will mention one very complicated case: A gentleman, aged forty years, consulted me about his condition. He complained that he was obliged to pass his urine every hour during the night and nearly as often during the day and suffered with severe pain over the region of the kidneys.

I had his urine measured and found that he was passing two pints in twenty-four hours, specific gravity 1045. Four ounces of grape sugar was passed in this time. Urea and ur'c acid were present in increased quantities. He suffered from constant itching or burning along the urethra and His thirst was increased, prepuce. mouth parched, appetite capricious, breath of a sweetish odor, tongue red and cracked, emesis frequent, feces pale and dry, fatigued all the time, some pain and numbness in limbs, considerable emaciation and a distressed appearance of the countenance with other minor symptoms. I placed him on Allouez water and a diet and in two weeks the aggravated conditions were greatly relieved. The specific gravity was reduced, sugar decreased in quantity and tongue and thirst became normal. He did not vomit any more after the first day and grew much stronger. A feeling of content replaced that of worry and lack of ambition. He made a good recovery. This was two years ago and he claims to be in excellent health at present.

I feel safe in saying that any physician

who employs Allouez Magnesia in diabetes will become a friend of the water, as it certainly produces a marvellous curative influence in severe cases, often where drug treatment has totally failed.





THE MEDICAL TIMES AND REGISTER is published monthly.

All communications, reviews, etc., intended for the editor should be addressed to 367 ADAMS STREET, DORCHESTER, BOSTON, MASS.

THE MEDICAL TIMES AND REGISTER is published by The Medical Publishing Co., 1409 Arch Street. Philadelphia, Pa., to whom all remittances should be made by bank check, or postal, or express money order.

Subscription price is 11.00 a year in advance. Foreign countries, \$1.50. Single copies, 10 cents. Advertising rates may be had on application at the Philadelphia office.

Original articles of practical utility and length are invited from the profession. Accepted manuscripts will be paid for by a year's subscription to this journal and one hundred extra copies of the issue in which such appears if desired.

Reprints of Original Articles are not furnished except on payment of cost price by the author Entered at the Philadelphia Postoffice as second-class\_mail matter.

# THE PRESENT STATUS OF CANCER—TREATMENT BY SURGICAL METHODS.

The most notable changes in the methods of cancer treatment of late years have been in the direction of early operation and a free dissection of superjacent parts; nay, the sacrifice of whole organs. Indeed, the radical advances in surgical intervention in this direction have been something stupendous; and it has been equally amazing to note with what tolerances the economy can sustain the total ablation of organs which heretofore have been regarded as vital to the continuance of life. ample, it is now comparatively simple and safe in skilled hands to remove the entire uterus as it formerly was to detach an ovary. Schlatter startled the professional world when he not only demonstrated the safety with which the entire stomach can be removed, but also what knocked the pins from under former physiological teachings, that we may not only survive the ablation of the stomach, but enjoy improved digestion and increase in weight after it. The latest remarkable exploit in this direction was Dr. Harvies, of Troy, who removed the entire stomach for cancer, the patient making a rapid recovery and fully recovering her former vigor.

From one to six feet of the intestine may be removed with entire impunity for neoplastic growth.

But cancer of the breast is the chosen class of cases, in which it is claimed that by an early operation and a larger dissection we may "cure" our patients. If this claim could be supported, it would certainly constitute one of the greatest advances of modern surgery, for the mammary gland is the most frequent site of cancers, and the end of those cases as formerly treated was quite invariably death, at varied intervals after the first discovery.

But can surgery promise "cure" for these unhappy cases?

So far, as the writer has observed of the Halstead operative cases, he has seen no "cures," but he has opened some most painful consequences, after the terrible sacrifice of tissue which this procedure entails.

The whole chest wall is swept away, the axilla is opened and the "infected" lymphatics cleaned out. To cover the vast breach from the loss, the integument of the thighs is drawn on, leaving often painful, unhealed sores. A harrowing mutilation has been made, with what in return for it?

Is our patient cured?

Well, Prudden, one of our most noted pathologists in a recent contribution tells us that of the causes of tumors as yet we know nothing.

Why speak of "infection," when not the slightest scintilla of evidence is at hand to demonstrate that cancer is in any manner dependent on bacterial invasion? The essence of cancer is epithelial proliferation and diffusion, a process nowhere analagous in any germ malady. The modern operation of this cripples the arm on the side involved, elephantiasis of the arm from occlusion of the lymph stream is not infrequent.

Our treatment of a disease, the etiology of which is unknown, must continue on empirical lines. We must treat symptoms, and if we cannot cure, use palliative measures, and then, Jacobs, of Brussels, advises us, use surgical measures for uterine cancer.

In breast cancer all know how erratic is its course; in some recurring almost at once, in others not for years, if at all, in some rare cases.

Knowing this, then surgery should not aim at impossibilities, but let us rather so operate that the patient's life is not imperilled, and that her life may be made tolerable by relief from pain, without in any manner impairing the functions of a limb or leaving sores, perchance, a source of more trouble than the pathological condition for which surgery is originally undertaken.

Meanwhile, let us not overlook the great value of potential caustics, in many cases of peripheral cancer, nor neglect to fully test the efficacy of arsenic as an inhibitory agent, administered internally, early and persistently in all cases.

Dr. Fitz has lately shown that since 1823 the per cent. death rate from typhoid has remained unchanged in Boston. In all candor, we must admit, that the same holds good of cancer.

#### A CHINESE DOCTOR.

The London Times describes the visit of a celebrated doctor named. Chen upon the Emperor. He was commanded to appear, and 6,000 taels (about \$4,500) was paid to him

in advance for his traveling expenses and fee. He was told that the Emperor was suffering in his organs of breathing, from feverishness and general weakness. He was not allowed to ask his patient a question, and, though admitted twice to his presence, he was compelled to cross the room upon his knees, keeping his eyes constantly upon the floor. The empress described to the doctor the patient's symptoms, but he was not allowed to feel his pulse, though he might lay his flat hand upon the person of his sovereign. Dr. Chen is said to have remarked that, under these circumstances, one doctor was as good as another, and he petitioned that he

might be allowed to return home no account of the sickness of his aged mother. This form of excuse is so common that the matter was inquired into, and Dr. Chen was able, by expending 18,000 taels, to prove that he had in fact an aged mother, and that she was sick, and so permission was given him to return home. His escape may have been the means of saving his life, but it cost him a good deal of money.

#### PATENT MEDICINES AND PREACHERS.

This subject has doubtless been considered by most of us and it seems strange that such opposite things should come so near together.

The American Practitioner and News for December gives some good advice to these good men.

There is no class of people in the world more easily imposed on than ministers of the gospel, and strange it is that this should be so, for they, above all other people, should at least understand the wickedness of the world, theoretically, if not practically, and know that the average manufac turer and vendor of patent medicines is nothing more nor less than a sordid "money-grabber," who cares for nothing but "filthy lucre." But that is

not the worst of it; his nostrums often contain drugs that are injurious, and, in many instances, lead to excesses in opium. Thousands of innocent babies are dosed with soothing syrups, and doubtless many of them find untimely graves as the result of the injurious effects of opium.

Ministers ought to remember that their signatures should always appear in their official capacity. They are not intended to grace the pages of advertising sheets and daily newspapers, extolling the value of remedial agents about which they are absolutely ignorant. The position of a minister should place him beyond anything to which the finger of suspicion might be pointed.

## INCISIONS AS AN ACCESSORY AID IN ELUCIDATING DIAGNOSIS.

It is now quite generally the opinion of surgeons that an exploratory incision for purposes of diagnosis in simple fractures is fraught with such danger that they should never be hazarded except in very rare and unusual instances.

But when the integument is already broken and the osseous structures exposed, an incision, for the purpose of widening the breach in the soft parts and thus enabling the surgeon to the more fully examine the site and character of the lesion, is quite another procedure. To make an incision over the thinned expanded integuments of such an extent as to permit the introduction of a finger is undoubtedly permissable and useful in many cases; but even this should not be lightly resorted to in any except unusual cases; for everything being equal the smaller the wound in the integument the more prompt is repair. Besides, it should be remembered that though bone may seem to possess the physical qualities of resistance yet the living structure is endowed with an exquisite sensitiveness and badly tolerates every description of direct manipulation.

#### INHALATION OF FORMALIN IN PHTHISIS.

The British Medical Journal of January 28, 1899, brought out a most interesting paper by Dr. William Murrell, dealing with the essential oils, and other volatile substances, in the treatment of phthisis, in which he discards the use of Formaldehyde, or Formalin, which he subjected to severe tests for the inhibition of the bacillus tuberculosis, showing that the addition of glycerine retarded the results, which with Formalin pure and simple answered all his expectations.

The cases which Dr. Murrell reports all show that with the Formalin treatment, without any addition, he was uniformly successful, the patient being told to inhale the substance mostly by dropping it on lint, and thus allowing it to be absorbed by inhalation.

We call to mind this contribution of Dr. Murrell, while we wish particularly to make some remarks on the paper of Dr. Lardner Green, which we find in the same journal under date of January 20th last.

The author fully endorses, by personal observation, the conclusions Dr. Murrell has come to, and it is satisfactory to notice that he also has applied this gas by inhalation, to the full advantage of his patients.

Dr. Lardner Green, however, introduces into his prescription two incompatabilities, which we consider it desirable to point out, and Dr. Murrell's data will assist or confirm, from a bacteriological point of view, the advice not to introduce glycerine. There is, besides, an abundancy of literature showing that glycerine forms with

formaldehyde a chemical compound named glycero-formal, which impairs the non-toxicity of Formalin, and although this compound has been recommended for disinfecting purposes, closer study has shown that the more toxic properties of this body by no means assist antiseptic action, but rather impede it. As we said before, this has been confirmed by Dr. Murrell, and it is by no means desirable to encourage the mixing of these two bodies.

As Dr. Green has experienced, some persons are more susceptible than others to the fumes of Formalin, and for this reason he recommends, where indicated, the addition of aromatic spirits of ammonia. Truly enough, this addition will effect a material reduction of the penetrating effect of Formalin gas, for the very simple chemical reason that Formalin gas has great affinity for ammonia, with which it readily forms a neutral compound-Formamide-and, as will be understood, the binding up of Formalin. thereby reducing very effectually its activity as a bactericide.

The very simple logic would be that if a patient finds the fumes of Formalin irritating—that is, more so than he can conveniently bear—let him reduce the

solution by a further addition of water, try half the strength, or even much less—say, one-tenth—which will still be effectual as an inhalation; but it will be found that even the sensitive patient will gradually be able to bear the greater volume of gas, similarly as a visitor to the room of a patient where a free use of Formalin is made will, after a very short time, fail to notice the first inconvenience of the presence of the gas.

The great advantage of Formalin gas in the treatment of phthisis is shown by a great number of authors, and also that it is equal-nay, preferable-in most cases to the open-air treatment, unless the open air can be had on the top of a mountain and well removed from the contamination of a populated community. The simple reason for this is the great affinity of Formalin gas for all nitrogenous and sulphur compounds, which it quickly eliminates from the air of the room occupied by the patient, and for which reason it will, under all condition, favor the general treatment of disease and minimize its symptoms. In this respect the use of Formalin offers the inducement of further study of what cannot fail to be a most gratifying subject.





## DIPHTHERIA - TREATMENT OF.

Dr. H. B. Sheffield, in discussing the non-antitoxic treatment of diphtheria, makes the following suggestions:

- I. PHARYNGEAL DIPHTHERIA. Bearing in mind the facts that diphtheria is primarily a local disease and that infection of the whole system takes place rapidly through absorption of the diphtheria toxine formed at the originally infected spot; furthermore, that a fatal issue of the disease is due either to septic poisoning or, more rarely, to obstruction of the air passages, the following procedure commends itself:
- (a) Endeavor to subdue the hyperæmia and excessive exudation in the throat in order to avoid respiratory obstruction.
- (b) Destroy at the earliest moment the diphtheria bacilli at their point of entrance, in order to prevent the excessive formation and immediate absorption of the diphtheria toxine.
- (c) Increase the power of resistance of the patient and administer such remedies as will combat or neutralize the toxic substances, thus preventing their dissemination in the internal organs of the body.
- (d) Promote the action of the lymphatic system, kidneys and bowels in order to rapidly eliminate the poisonous products.

Under the first and second headings must be classed all germicides, care being exercised that they do not act simultaneously as active escharotics. We have been very fortunate with the following we combinations:

No. I.

R. Glycerit, papoid......4 drachms.
Acid. carbolic.,
Pulv. camphor.,
Alcohol, q. s. ad solv.
Glycerini.....q. s. ad 4 fluid ounces.

This is applied to the throat by means of a cotton swab every two hours—changing the swab each time—diminishing the frequency of applications with the abatement of the severity of the symptoms.

One tablespoonful to be instilled into the nose every two hours in the presence of diphtheritic membranes in the nares and every four hours in their absence.

The third and fourth indications must be met with plenty of good nourishment, hæmatics, nerve and cardiac stimulants, diuretics and laxatives. I may state here that in administering stimulants I never wait until cardiac debility sets in, but employ mild stimulation from the earliest beginning of the disease, thus increasing the power of resistance of the patient and preventing the micro-organisms from impregnating the internal organs. Feeding of little patients is as difficult as it is important. But I have frequently been surprised to see how bravely a child would battle through a severe attack of an acute disease without a mouthful of food for days. The fact that there is, as a rule, complete anorexia present tends to indicate that it is probably a provision of Nature to starve the micro-organisms lodged in the alimentary canal. However this may be, all efforts should be made to nourish the patient with milk,

beef tea, "prepared food," etc., and in case the same cannot be administered by the mouth, nutrient enemata should be resorted to.

Of internal medicinal agents I am in the habit of prescribing:

No. 3.

No. 4.

R. Strychninæ sulph .......¼ grain.
Liquor. ferri et ammon acet.
3 fluid ounces.

One teaspoonful to be given every six hours to a child three years old.

Any untoward symptoms arising must be combated accordingly. I have rarely had occasion to use antipyretics, and I have found that a small dose of any of the stimulating coal-tar products always answered well to reduce the temperature and relieve pain. A laxative administered once a day is useful. In marked irritability of the child, sodium bromide, combined at times with a small dose of chloral, is very serviceable.

2. LARYNGEAL DIPHTHERIA. This, the most dreaded form of diphtheria, is, as a rule, not accessible to local treatment. If any diphtheritic deposit is visible along the fauces, the first mixture may advantageously be applied. I always order cleansing of the nose with the second so-In severe cases intubation must be resorted to early, and in this way late tracheotomy can be dispensed with. The internal remedies enumerated above are certainly of undoubted benefit, and I believe that severe attacks of diphtheria can be averted by their administration. When intubation is performed, and the administration of liquids by the mouth must be avoided, strychnine should be given hypodermically. For the reduction of swelling of the submaxillary glands,

iodine ointment with ten per cent, of ichthyol is an excellent local remedy. Before the discovery of antitoxine I had been very successful with the method of treatment outlined under pharyngeal diphtheria, together with inhalations of antiseptic vapors. Influenced by the numerous favorable opinions on antitoxine. I have recently begun to administer the serum in every case of laryngeal diphtheria and can report good results. I am not prepared, however, to state how much of the success can be attributed to the antitoxine and how much of it to the local and internal remedies employed in connection with it.

### HOT WATER AND HEMORRHOIDS

M. Moty, a military surgeon, has written upon hemorrhoids and their treatment for the special purpose of combating the custom, so widely prevalent, so popular, but having so little physiological basis, of using cold water in the daily treatment of piles. His conclusions are as follows:

1. Very hot water is the best antiphlogistic in attacks of inflammation accompanying piles.

2. It is often alone sufficient to produce atrophy of large haemorrhoidal tumors.

3. Hot water is the most active topical agent in the daily care of chronic hemorrhoids.

4. Its employment should precede and follow the more radical surgical procedures, such as dilatation, cauterization, excision, or methodical resection, and may be associated with every known means of treatment.

5. The use of cold water should be completely abandoned, even in case of hemorrhage, in the management of hemorrhoids.—Le Bulletin Medical.

SUTURE OF THE FIBROUS CAP-SULE FRACTURE OF THE PA-TELLA.

Vallas (Revue de Chirurgie) discusses the value of different methods of treating fractures of the patella, and, while not advancing it as an original idea, holds that both his experience and anatomical consideration justify him in believing that the suture of the fibrous capsule is as essential in those cases where surgical intervention is demanded as is the suture of the bone, and that it will, in the majority of instances, produce a better fibrous union if not a bony union. It is better to employ it alone than suture of the bone alone.

He describes his method of treatment as follows: The fractures in which bone alone is involved are to be treated by compression, massage and early movements, as in haemarthrosis of the knee.

Those fractures of the patella that are accompanied by a rupture of the fibrous sheaths surrounding the bone require radical treatment. The operation of choice is an arthrotomy with a toilet of the articulation and suture of the lateral tears of the capsule. The suture of the bone is unnecessary.

It is often difficult to decide the particular case at hand. As a rule, a separation of three-quarters of an inch or more requires operation. All surgeons agree thus far. When the limb is extended such separation is impossible without a suture of the lateral portion of the capsule. But it frequently happens that these portions of the capsule are ruptured without

so much displacement. These are the cases that give trouble later. The author has made it his practice to wait three or four days, treating these cases for the haemarthrosis. At the end of this time the swelling and pain have decreased and more definite knowledge can be obtained. It is sometimes possible to recognize by palpation a lateral tear. At the end of the fourth day, if it is a simple fracture, the patient can lift the limb from the bed. If he can do so, operation is not necessary. If he can not, operation should be undertaken at once. -Amer. Jour. Med. Sciences.

#### METHYLENE BLUE IN MALARIA.

Dr. Smithwick believes that

- 1. Methylene blue is a perfect succedaneum for quinine, and may be given whenever the latter drug is indicated in the treatment of malaria of every form and under all conditions, with the same confidence that has always attended the administration of quinine.
- 2. Patients need not be selected on account of idiosyncrasies, as no bad effects ever follow the use of methylene blue, if given intelligently.
- It is the remedy to use in malaria with hæmaturic complications, as it acts in a twofold manner.
- 4. It is the remedy to be given in malaria occurring during the pregnant period, as it has no axytocic effect and will cause a freer action of the kidneys, which is also beneficial.

H. B. S.

Merk's Arch, Vol. II. No. 2, 1900.

# THE SALINE TREATMENT OF DYSENTERY.

Major W. J. Buchanan describes his method:

R. Sulphate of Sodium, 1 ounce. Fennel water, 2 ounces.

Of this mixture half an ounce is given three or four times a day. Purgation should be free but gentle, and when bright yellow stools, without a trace of blood or mucus are passed, then the drug should be stopped, but resumed at once if blood or mucus reappears in the stools. It is usually found that after five or six stools all blood and mucus have disappeared from the stools, but in many cases they reappear in a day or so. In such cases sodium sulphate must again be given.

This highly yellow "bilious" stool is characteristic of this drug.

H. B. S.

British Medical Journal, Feb. 10, 1900.

# GUAJACOL IN THE DIAGNOSIS OF MALARIAL FEVER.

Moncorvo states that in tropical regions the diagnosis between the intermittent fever of malaria and of tuberculosis is sometimes difficult, especially as the two affections are not infrequently associated. It is claimed that the true nature of the fever can be determined by the external application of guajacol, which in the case of tuberculous fever causes a prompt and decided fall in the temperature, but which in the case of malarial fever is entirely without effect.

H. B. S.

Philadelphia Medical Journal, Vol. 5. No. 10, 1900.





#### HOLOCAIN.

Holocain is a synthetic product, related to phenacetin, so that its name is merely imitative of cocain, which in many cases it may supplant. Its salt, the hydrochlorid, is soluble to about 2½ per cent. in cold water, and should be applied in a 1 per cent. aqueous solution. It has particular advantages for the general practitioner. In removing foreign bodies from the conjunctiva or cornea, for instance, it is better than cocain, as it acts quicker, causes little pain, does not dilate the pupil, in temporary use it affects the corneal epithelium less, produces no ischemia to be followed by hyperemia. It is somewhat antiseptic (enough to keep itself, at least), and can be sterilized by boiling, with no disturbance of chemical composition. It must not be injected hypodermically, nor be applied to other than ocular mucous membrane, as it is systemically poisonous. It must be prepared and kept in porcelain, not glass, as the alkali of the glass influences it .-Philadelphia Medical Journal.

#### EUPHTHALMIN.

Of the three effects of local applications to the eye (omitting cautery or astringency)—anæsthesia, mydriasis, cycloplegia—many drugs produce all three in varying proportions. Modern chemistry has supplied holocain for simple anæsthesia. As yet no drug produces simple cycloplegia alone. Mydriasis alone, however, can now be produced by euphthalmin, a complex synthetic product. It is best used in a 5 to 10 per cent. watery solution. Here the author gave tables and cited authors to prove that cycloplegia is practically absent, and that it can be used in all cases at any age to produce a dilation of pupil for study of lens and fundus. Conclusions: (1) No subjective symptoms produced; (2) only mydriasis caused, of short duration, beginning in thirty minutes; (3) effects shown earlier in youth than age; (4) ocular tension not increased; (5) no hyperemia or ischemia of conjunctiva produced, corneal epithelium unaffected; (6) accommodation practically unaffected; (7) normal pupil soon restored; (8) non-poisonous apparently. -Philadelphia Medical Journal.

#### SPRING COUGHS.

Dr. George Brown, Eye, Ear, Nose and Throat Specialist of Atlanta, Ga., one of the most widely known specialists and most skillful operators in the South, in a timely article in Moody's Magazine of Medicine said: "Nothing is more annoving to a patient than a perpetual tickling cough. Whether the immediate cause be marked or mild, if allowed to continue the results are almost sure to be more or less serious. The paroxysms initiate untoward reflex impressions, augment the local disturbances and

by interfering with the patient's rest. depress the vis vitæ, making the sufferer readily susceptible to the inroads of other attacks.

As practitioners are aware, tickling coughs are particularly numerous and stubborn during the spring and fall. It is well, therefore, at such times to prescribe that which will be sure to relieve without unpleasant after effects. In nine cases out of ten antikamnia and codeine tablets will be found almost a specific. The well known analgesic properties of antikamnia act excellently and synergetically with the physiological effects of codeine which has a marked salutary selective influence on the pneumogastric nerve, making this combination one of the most valuable in medicine."

## IMPORTANT QUESTIONS.

Do you favor public ownership and operation of public utilities, as water works, gas works, etc.?

Do you know the details of the saving of public ownership above private ownership in various cities and towns in this country?

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All these questions are answered and the entire subject of local self-government is treated as never before in the book called "The City for the People." Price only 50 cents (should be double this amount). Address "Equity Series," 1520 Chestnut street, Philadelphia, Pa.

# CHRONIC DYSPEPSIA SUCCESS-FULLY TREATED WITH H2O2.

BY GEO. A. GILBERT, M. D., DANBURY, CONN.

The case herewith subjoined is one of interest on account of its typical character, its long-standing, and its speedy recovery on the adoption of a rational treatment.

Peter H., æt. 40, Hungarian, farm laborer, applied for treatment at my office on July 1, 1899. He was a strapping fellow, mostly skin and bones, of about 170 pounds weight, and would not have been thought ill except for the prominent dark rings under his eyes, his injected conjunctivæ, and a drawn, hunted expression on his coun-

tenance, indicative of past trouble or imminent danger. The history he gave was somewhat as follows:

Six years previously, on his voyage to this country, he suffered from an attack of acute gastritis, attended with retchings of the most violent character Soon after landing he recovered sufficiently to attend to his work; but he says he has "never been the same man since." In all this long period he has not eaten "a good square meal," nor enjoyed what he has eaten, the burning pain in the epigastrium, after meals, becoming so great occasionally that for fear of its repetition he has gone without food for two or three days at a time. Belching of enormous quantities of gas, too, is common with him soon after eating, thus evidencing the presence of undigested food with its resultant fermentation. The patient states, that in order to get relief, he has spent all of his wages upon various doctors, specialists, quacks, nostrums, etc., and swears that he is worse to-day than on the day he first landed in this country.

On examination it was found that he was slightly feverish, pulse rapid, tongue flabby and heavily coated. while the teeth and entire cavity of the mouth were covered with a foulsmelling sticky mucus. That the stomach received, in the process of starch digestion, little or no assistance from the salivary glands of the mouth was plainly apparent. In deciding on the mode of treatment it was obvious that lack of the usual amount of gastric secretion must be met by restoring the physiological conditions upon which the secretion depends. In other words, in order to relieve the inflammatory condition of the gastric mucous membrane and restore the function of the peptic glands, antiseptics were required. The patient therefore was furnished with a flask of Ozonized water, made of one part Hydrozone to four parts of water, and directed to wash out his mouth every night and morning, thoroughly cleansing the tongue, teeth and gums of the unhealthy mucus and any pathogenic germs it might contain. To destroy the microbic elements of fermentation in the stomach and dissolve the tenacious mucus there, a mixture of one ounce of Hydrozone with two quarts of sterilized water was made, and half a tumblerful directed to be taken half an hour before meals. Having thus procured a clean surface in the stomach, the patient was advised to take immediately lafter meals a drachm of Glycozone, diluted in a wineglassful of water, for the purpose of enhancing cellular action and stimulating healthy granulations. Of course he was ordered to select his food with care and eat regularly.

The result of this simple procedure was magical. Although for the first two or three days there was some discomfort after eating, this soon disappeared, and at the aid of a fortnight patient reported that for the first in six years he was enabled to eat his meals without dread of subsequent distress and eructations of gas. (In the opinion of the writer the fermentation was thus quickly subdued by the active oxidation resulting from the liberation of nascent oxygen.) The treatment was continued in this manner for another month and then gradually abandoned. On September 1st the patient came to the office, expressed his eternal gratefulness, said that he weighed 185 pounds and believed himself to be completely cured. - New England Medical Monthly, December, 1899.

#### AN EFFECTIVE STIMULANT.

It is conceded by all observing physicians, whose experience is such as to make their opinion of weight, that in many instances life can alone be saved in critical moments by the administration of stimulants; and in such instances the stimulant employed should be an alcoholic one-not the so-called "diffusible" stimulant which, though in its place valuable, would in the circumstance alluded to be too transient in its effect. In a country such as ours, with its extremely variable climate, actual cold succeeding at times in the summer season prostrating heat, the physician is frequently confronted with instances where the utmost promptness in treatment is necessary to save life-as, for instance, in the severe choleraic diarrhœa and sudden bowel affections of other severe type.

So, also, in the winter months the temperature changes are quite as decided as in the hot season; we see falls or rises of from twenty to forty or more degrees, and this in a few hours. It cannot in the nature of things be other than trying on the vitality of weakly persons, and more so in the case of actual invalids. Exposure to the elements under such phases must of necessity deal danger to people not in good, rugged health, and many fatal diseases in the line of pulmonary maladies are traceable to careless dressing at such times. Now, should a stimulant be indicated in any such case, we would be wrong to employ a wine, no matter how excellent it may be in its nature—here we want a stronger effect—that of alcohol in proper form-and the form demanded is a good, palatable and mature whiskey. Much of the success which has been my fortune in the treatment of severe illnesses during the last thirtyfive years, in many different climates,

and in many different localities, extending from the far nothern zones to those of torrid conditions, has been un loubtedly due to the careful but prompt use of stimulants such as above instanced. I do not hesitate to say that, in my opinion, alcohol is one of the best friends the doctor has, proper and careful supervision of its use being attended to by him, not the patient.

The attention of the profession has been called repeatedly to the merits of alcoholic stimulants, both by lectures in our colleges and in our journals. but sufficient precision in their selection as to suitability under given conditions has not been seen to. I feel that it is not sufficient to prescribe simply—we should specify: it is not enough to order a stimulant-we must state just what we desire, and where to get it, to attain the required effect. In whiskey, as in everything else of value, we have the good, the bad and the indifferent. For many years past I have always made it my business tosee that my patient got just what I believed to be the best of all remedies prescribed, and in the case of whiskey I invariably order the well-knownbrand, "BAILEY'S PURE RYE."

Respectfully yours,
WM. R. D. BLACKWOOD, M. D., Ph. D.,
852 North 23d street, Philadelphia.

DR. EDWARD FRANCIS BRADY in an article entitled "Epilepsy," (Hospital Bulletin and Clinical Reports,) says: I do not approve of the Gowers plan of treatment. The dosage is too massive, and I think unsafe. danger from collapse is always to befeared, and if that is escaped bromism is almost certain to be produced. I think that the combination of all the bromides, the potassium, sodium, ammonium, calcium and lithium is the best form in which to use them, for that reason I always use Peacock's Bromides. This preparation contains the five bromides and is a safe, reliable and staple article, and by itsuse we escape the substitution of pharmacies.

#### A PROFESSIONAL OPINION.

In a recent letter to Micajah & Co., Warren, Pa., Dr. George E. Gilpin, Berkeley Springs, W. Va., says con. cerning their preparation: "After years of constant use of Micajah's Medicated Uterine Wafers, I feel constrained to add my testimony as to the very great value of the remedy in prolapsus uteri, congestion of the organ, discharges and kindred vaginal troubles. My experience in their use has been very extensive, and I have long felt that I owed to you an expression of my appreciation of their merits."

#### SPERMATORRHEA.

Having a case of spermatorrhea of several years' standing, which came under my care about nine months ago. I prescribed the usual remedies, in this case, viz., bromide potash, ergot, ferrum, digitalis, belladonna and cimicifuga, with very unsatisfactory results. Seeing your preparation, Celerina, recommended for this affection, I procured some, and administered it in this case with such marked results after the use of the first bottle that I immediately ordered two more bottles, which have entirely cured him of this affliction. I have two other patients now under treatment with Celerina which are progressing very favorably. After a practice of twenty-nine years I have no hesitancy in saying that it is the most effectual remedy that I have ever prescribed in the above disease. - H. E. RAUB, M. D., Quarryville, Pa.

The superior appliances of C. W. Flavell & Bro., Philadelphia, Pa., have been successfully used with the most satisfactory results, and physicians are cordially requested to order direct from the firm, as it saves time and expense. Their goods are noted for excellence of quality, durability and low standard of prices, which are unsurpassed.

#### ANEMIA IN DYSPEPTIC PATIENTS.

Dr. ]. Weiss, of Vienna (Die Heilkunde, December, 1899), reports his results with various iron preparations in cases of anemia attended with gastric disorders, such as pains in the stomach after ingestion of food and a feeling of fullness in the epigastrium. He has derived excellent results from the use of Ferro Somatose in doses of three teaspoonfuls daily. In one of the cases of anemia reported, due to lead poisoning, the quantity of hemoglobin increased within a month from 30 to 70 per cent., while the increase in weight amounted to eight pounds. In another instance of chlorosis the increase of hemoglobin was 30 per cent. in six weeks, and in another case 40 per cent. during five weeks. A patient who suffered from severe anemia and emaciation during the puerperal state was completely restored to health in six weeks. In all these instances Ferro-Somatose was well tolerated without producing the least gastric disturbance, and in this respect the author's observations are confirmatory of those of Roos, Werner, Panzer, Klein and others.

